

EXHIBIT A

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Target Information Management, Inc.STATE OF MICHIGAN
JUDICIAL DISTRICTAFFIDAVIT AND CLAIM
Small Claims

CASE NO. and JUDGE

25-10543SC

Court address

330 Eleanor Street, Kalamazoo MI 49007

Court telephone no.

269.384.8171

See additional notice and instructions on page 2.

1. Plaintiff
Don White
1317 Hotop
Kalamazoo MI 49048 269-9104
City, state, zip Telephone no.
2. Defendant
Battle Creek VA Hospital
5500 Armstrong
Battle Creek, MI
City, state, zip Telephone no.

NOTICE OF HEARING
For Court Use Only

The plaintiff and the defendant must be in court on

Monday July 14 2025
Day Dateat 2:00 PM at the court address above.
TimeCourt Room 200
Locationcert mail Fee paid: \$
Process server's name

- ☐ 3. A civil action between these parties or other parties arising out of the transaction or occurrence alleged in this complaint has been previously filed in ☐ this court ☐ Court.

It was given case number and assigned to Judge

The action ☐ remains ☐ is no longer pending.

4. I have knowledge or belief about all the facts stated in this affidavit and I am
☐ the plaintiff or his/her guardian, conservator, or next friend. ☐ a partner. ☐ a full-time employee of the plaintiff.

5. The plaintiff is ☒ an individual. ☐ a partnership. ☐ a corporation. ☐ a sole proprietor. ☐

6. The defendant is ☐ an individual. ☐ a partnership. ☐ a corporation. ☐ a sole proprietor. ☒ organization

7. The date(s) the claim arose is/are September 2024 - present
Attach separate sheets if necessary

8. Amount of money claimed is \$ 7,000.00 (Note: Plaintiff's costs are determined by the court and awarded as appropriate. They are not part of the amount claimed.)

9. The reasons for the claim are: Dereliction of Duty
Failure to provide care givers, resulting to me falling several times at home

10. The plaintiff understands and accepts that the claim is limited to \$7,000 by law and that the plaintiff gives up the rights to
(a) recover more than this limit, (b) an attorney, (c) a jury trial, and (d) appeal the judge's decision.

Approved, SCAO
Form DC 84-1, Rev. 1/24
MCL 600.8401 et seq., MCR 4.302, MCR 4.303, 50 USC 3931
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Distribute form to:
Court (with instructions)
Defendant (with instructions)
Plaintiff (with instructions)
Return (with proof of service)

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11. I believe the defendant ☒ is ☐ is not mentally competent. I believe the defendant ☒ is ☐ is not 18 years or older.
12. ☒ I do not know whether the defendant is in the military service. ☐ The defendant is not in the military service.
☐ The defendant is in the military service.

Signature

Subscribed and sworn to before me on

Date

5/16/25

Deputy clerk/Notary public signature

My commission expires on

Name (type or print)

Notary public, State of Michigan, County of _____ ☐ Acting in the County of _____☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.**ADDITIONAL NOTICE AND INSTRUCTIONS****TO BOTH THE PLAINTIFF AND THE DEFENDANT:**

- You must bring to the hearing all witnesses, books, papers, and other physical evidence needed to prove or disprove this claim.
- Before the trial (hearing) starts, you have the right to
 - remove the case to the general civil division of the district court, or
 - have the case heard by a district court judge (if the hearing is scheduled before an attorney magistrate). If the case is heard by an attorney magistrate, you may appeal to the district judge within 7 days after the trial.
- If the case is tried in the small claims division, you give up the right to an attorney, to a jury trial, and to appeal the judge's decision.

If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

TO THE DEFENDANT:

- The affidavit and claim you have just received means you are being sued in the small claims division of the district court.
- The court is being asked to decide a matter that the plaintiff says is your obligation and responsibility.
- If you wish to deny this claim or arrange terms of payment, you must make your request by appearing at the date, time, and place stated in the notice of hearing on the front of this form.
- If you do not appear at the date, time, and place stated, a default judgment may be entered against you for the amount stated in item 8, including the costs of this action.
- If the dispute is settled before or at the hearing, you may have to pay the plaintiff's costs.
- In case a judgment is entered against you at the hearing, you should be prepared to pay the amount stated in item 8, including the costs of this action, or to make arrangements for installment payments.